

CLAIMS ONLY		Application Number <div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;">10797390</div>	Filing Date
		Applicant(s)	
* May be used for additional claims or amendments			

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	4					
Total Depend	22					
Total Claims	26					

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
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